IAP4 Rec'd PCT/PTO 17 NOV 2005

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission			Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	GEIR	UELA	g ND'e	et al				
ENCLOSURES (Check all that apply)											
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Name (Print/Type)

Peter T. Holsen

PTO/SB/17 (12-04) Approved for use through 07/31/2006, OMB 0651-0032

Date November 9, 2005

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known						
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METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Number: 01.2000 Deposit Account Number: 01.2000 Deposit Account Name: Andrus, Sceales, Starke & Sawall, LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below											
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If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheet		xtra Sheet						Fee (\$)		Paid (\$)	
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4. OTHER FEE(S)											
Non-English Specification, \$130 fee (no small entity discount)											
Other:											
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Signature	Peti	7/1	7-1-		Registration No.	54,18	30	Telephone 2	414-271-	7590	
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